N. B.

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Tent | CERTIFICATE OF DEATH |
| THIN CORPORATE PAPE OF | Registration Dist. No. 202 |
| Village or City Chestertown (No. | St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an |
| 2FULL NAME DOWN ONZERUM | Barrett stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Finale Cal Single, Married, Widowed. Single (Write the word) | 16 DATE OF DEATH ORC 21, 1932 2 (Month) (Day) (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended the deceased from |
| Wee, 2 1932 | |
| (Month) (Day) (Year) | that I last saw h IV sie on Ale 2 / , 1932 |
| 7 AGE . [If LESS than | |
| Q yrs. 0 mos. 20 ds. or min. | Marurus - likely - due to |
| B OCCUPATION | + 1 |
| (a) Trade, profession or particular kind of work | heart failur - |
| (b) General nature of industry | |
| business, or establishment in which employed or (employer) | (Duration) yrs mos de |
| 9 BIRTHPLACE (State or country Chestistoron Add | Contributory Secondary (Duration) A yrs. mos. de |
| 10 NAME OF Simon Barrett | (Signed) Dr. Itm, Richmond M. D. |
| IN II BIRTHPLACE | Dle 2/ 1982 (Address) 6 Manhowy M |
| OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) Rent learnty Md | *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of MOTHER Carnelia Regby | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER (State or Country) Chestertown Ald | At place of deathyrsmosds, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of dea.h? |
| (Informant) Carnelia Rigby | Former or usual readence |
| (Address) Coustirtown Md | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 Filed Dec 22 1932 W J Streks | lohas L. Wodd blestertown |
| If more banks are needed, address State Registra | r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

19961

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure, Liaemorrange, "Shock," "Old Age," "Shock, "Shock," Agents Alexander of the Agents Agents Alexander of the Agents "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease "PUERPERAL septicacmia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condiunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

| A te r | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|---|
| infor state | 1. PLACE OF DEATH | DA! |
| M PES | County Kens | Registration Dist. No. |
| item shoul of OC | Village or City Hostion R + HColemans | NoSt,Ward |
| / = 0 | (II) | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 3D. Every YSICIANS statement | 2. FULL NAME PAT SIN | |
| SIC ater | (a) Residence: No. | St., Ward. |
| ≥ ≥ w | (Usual place of abode) | If nonresident give city or town and State |
| RECO PH Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| A F. A. | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH LOLE 12 (Month) (Day) (Year) |
| Si C N | 5e. If married, widowed, or divorced HUSBAND of (or) WIFE ot | 22. Dec. 1 HEREBY CERTIFY That t attended deceased from 1932 to Dec. 12 1932 |
| | 6. DATE OF BIRTH (month, day, and year) Sept 5 1911 | I last saw hum alive on Oct, 12 1932; death is said |
| OR S A P ated open! | 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the dete stated above, at |
| - 03 | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | Date of onset of Dec 7, 3 |
| RESERVED G INK—THIS GE should be that it may be ons on back of | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| RESE VG INK AGE sh that it ons on | 11. Total time (years) this occupation (month and yeer) yeer) | |
| IN DIN So 1 | 12. BIRTHPLACE (city or town) Horton nd RTS (State or country) | Other Contributory Causes of importance: Likely myong by gun slet 4 year |
| WARG] UNFA supplied n terms, ee instru | II 13. NAME Pleasant & Brown | |
| MAH UI sup | 14. BIRTHPLACE (city or town) | Name of operation Dete of |
| 0.7 = - | (State of Country) | What test confirmed diegnosis? Wes there en autopsy? |
| | 15. MAIDEN NAME Bortie Brown | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| INLY, We be careful EATH in important | o 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| INI be EA7 | (State or country) RIFID | Where did injury occur? (Specify city or town, county and State) |
| E PLAIT should b OF DE. | 17. INFORMANT (Address) Liviton md, | Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| E S S | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| RITTI RITTI tion USE ON is | Place Colling Date 19.32 | Neture of injury |
| mation S CAUSE TION is | 19. UNDERTAKER BACHOLOS, (Address) St. 00 Pand Md, | 24. Was disease or injury in any way related to occupation of deceased? |
| N. S. J. | 20. FILED 702 19 2 Melach Registrar. | (Signed) Dr. May Michania M. G. (Address) Chestistown Add. |
| | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | SCENEN | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | 144-5-164 | July 5,1927 | Peritonitis | 3 days ago |
| | BULLEAU W.S. | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | 1 |

| | ADDITIONAL | SPACE | FOR | FURTHER | STATEME | NTS . | BY. | PHYSICIAN | |
|---|------------|-------|-----|---------|---------|-------|-----|-----------|---|
| | | | | | | | | | |
| _ | | | | | | | | | _ |

I HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

(Year)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| For authority | to change | date of t | ruet se | berth | Chal. Orendo. |
|---------------|-----------|-----------|---------|-------|---------------|
| | | - 0 | | 20 | |
| | | | | 7 | |

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| | 1 | |
|-------|---|--|
| | PLACE OF DEATH | |
| | County / East | (82-m) |
| Vi | Hage or City Rock Hall (No. | CONTROL O CONTRO |
| | 2FULL NAME Florence Lina | Fran |
| | PERSONAL AND STATISTICAL PARTICULARS | M |
| 3 | SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Manual (Write the word) Manual | 16 DATE OF DE |
| 6 | DATE OF BIRTH | 17 1 HE |
| | (Month) (Day) (Year) | That I last saw |
| 7 | 45 If LESS than day hrs. or min.? | and that death The CAUSE OF |
| E | coccupation (a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in | Coff |
| _ | which employed or (employer) | Contributory |
| | (State or country) Wilmma (on Del. | Secondary |
| | 10 NAME OF FATHER John. Thowell | (Signed) Jee 3- |
| RENTS | OF FATHER (State or country) 12 MAIDEN NAME | *State th Violent Cause Accidental, Sui |
| PAF | OF MOTHER Marion Ford 13 BIRTHPLACE | 18 LENGTH OF |
| | OF MOTHER (State or country) Maryland | At place of death yrs Where was disease |
| 14 | (Informant) W. S. Shard | if not at place of Former or usual residence |
| | (Informant) Vr. S. France | |

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. (If death occurred in Ward) a hospital or institution, give its NAME i. - stead of street and number.) MEDICAL CERTIFICATE OF DEATH ATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from that death occurred on the date stated above, at 10.50 m. CAUSE OF DEATH * was as follows: (Address) Causing Death, or, in deaths from and (2) Whether

*State the Disease iolent Causes, state (1) Means of Injury ecidental, Suicidal or Homicidal.

ats or Recent Residents) In the State yrs mos.... yrs......ds.

NGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

e was disease contracted, at place of death?

OF BURIAL OR REMOVAL

DATE OF BURIAL

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Sarvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc.. Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Campositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Gracery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepts ed term for the same disease. Examples: Corebrophial fever (the only definite synonym is "Epidemic cerebrols spinal meningitis"); Diphthoria avoid use of "Croup" Typhoia fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopmeumonia ("Pneumonia");

approved by Committee on "(Exhaustion," "Heart Issure,
"(Inanition," "Marasmus," "Old Age," "Shook," American Medical Association.) telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonihis, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmeumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, (Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY and consequences (e. g., sepsis, etc. The contributory affection need valvular heart Nomenclature of the discase; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is operminently fled.

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1933

| A- | STATE OF MARYLAND— | CERTIFICATE OF DEATH 13368 |
|--|--|--|
| sts UP | 1. PLACE OF DEATH | (3) |
| SCC E | County / Central | Registration Dist. No. 232 |
| item of should of OCC | Village or City near Chester lown | ND. St., Ward |
| . 70 | | ds. How long in U.S. if of foreign birth?yrsmosds. |
| ED. Every FSICIANS statement | 2. FULL NAME Alonglas Graves | |
| | | in Sters. Ward. |
| RD. | (a) Residence: No cornete of Keft Courty aboves for me (Usual place of abode) | If nonresident give city or town and State |
| RECOR. PHY Exact si | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| ENT RECORD. TLY. PHYSI ed. Exact sta | 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 2 |
| T I I ied. | 5a. Il married, widowed, or divorced | (Month) (Day) (Year) |
| MANEN A C T I | HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| ERM EXA y clas | 1017 | log (,19/7, to Her, 29, 1932 |
| E E | 6. DATE OF BIRTH (month, day, and year) /8 6 | 1 last saw h law, alive on 3 9, 1935; death is said |
| IS A PE stated E properly certificate | 7. AGE Years Months Days If LESS than 1 dayhrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| IS A stated proper ertific | 66 Welswown ormin. | were as follows: |
| be be of c | 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. | |
| H | 9. Industry or business in which | A Alexandis |
| VK—T should it may n back | work was done, as SILK MILL, SAW MILL, BANK, etc. | A servial years. |
| Sh sh ut | kind of work dona, as SPINNER, SAWYER, BDDKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this | SAT HALL |
| | year) occupation | Dther Contributory Causes of importance; |
| NFADING pplied. AGI srms, so tha instructions | 12. BIRTHPLACE (city or town) | Differ Contributory Causes of Importance. |
| AD d. s, s ruc | (State or country) Teut to me. | - Chronic Break dans: |
| UNFA supplied n terms, ee instru | 13. NAME cukuown | Several years. |
| sup in te | 13. NAME - WKNOWN 14. BIRTHPLACE (city or town) '' | Name of operation Date of |
| E E | (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| Y, WIT carefully H in pla | 15. MAIDEN NAME - LUBROWN | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| INLY, w be carefu EATH in important | 15. MAIDEN NAME 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| INLY, be cal EATH import | ∑ (Stata or country) | Where did injury occur? (Specify city or town, county and State) |
| Y P O A | 17. INFORMANT Baylard Section | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 157 70 | 18. BURIAL, CREMATION, DR. REMOVAL | Manner of injury |
| SE SE | Place alushouse recordate he Lec 3/ , 1932 | Nature of injury |
| -WRITE mation sh CAUSE O | Brygged Setting. | 24. Was disease or injury in any way related to occupation of deceased? |
| TOE T | 19. UNDERTAKER (Address) | If so, specify - |
| m | 20, FILED PLEC 31, 1032 W.J Hicks | (Signed) Ohre Whales M. D. |
| 1 | 20. FILED COCKET, 193 | |

| ds. How long in | U.S. if of foreign birth? | yrsds. |
|-------------------------------------|---------------------------------------|-----------------------------|
| St. ward. | If nonresident give cit | y or town and State |
| MEDIC | CAL CERTIFICATE OF | DEATH |
| 1. DATE OF DE | ATH /2 3 (Month) | Day) (Year) |
| . I HER | EBY CERTIFY, Th | at I attended deceased from |
| Lay U | , 19/7 , to Z | , 29 , 1932 |
| last saw h_ Law alis | ve on Dela 29 | , 1932; death is said |
| | date stated above, at | 1. |
| he PRINCIPAL CAUSE vere as follows: | OF DEATH and related causes of im | Date of onset |
| | | Dare of other |
| 1.5.1 | Year disease | 5 |
| Lese | several you | ons. |
| | O. | LIR |
| | | |
| Other Contributory Caus | es of importance: | |
| Dillel Conditional Cons | of importance. | |
| Obnomic On | who dee- | |
| | I Several years. | |
| lame of energica | | Date of |
| lame of operation | 1 2 | |
| /hat test_confirmed_diag | | Was there an autopsy? |
| | ternal causes (VIOL ENCE) fill in als | |
| Accident, suicide, or hon | nicide? Date of | injury, 19 |
| Where did injury occur? | (Specify city or town, | county and State) |
| specify whether injury o | courred in INDUSTRY, in HOME, or | IN PUBLIC PLACE. |
| | | |
| Manner of Injury | , | |
| Nature of injury | | |
| . Was disease or injury | in any way related to occupation of | f deceased? |
| If so, specify | any may related to occupation of | |
| (Signed) | 1 Mc Ude | 1 |
| (Digited) | VIII TO THE CALL | M. D |

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | GG/USO 15 1 | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

carefully ā mation should OF CAUSE

LION

Where did injury occur?. Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

(Address)

16. BIRTHPLACE (city or town). (Stete or country)

19. UNDERTAKER

(Address) Registrar. If so, specify

(Address)

Accident, suicide, or homicide?_____ Date of injury_____ 19____

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Menner of injury

Nature of injury

(Signed).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 weck ago Arteriosclerosis Run over by street car 1921 Chronic interstitial nephritis 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDIN

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Example I | i | Example II | |
|--|---------------|--|---------------|
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| THE THE STATE OF T | 1 | | |
| Other contributory causes of importance: | - | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No.

(If death occurred in a hospit d or institu-tion, give its NAME i. -stead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from .192 . to, 192 and that death occurred on the date stated above, at Blue Baly and lack of Care ...(Durstion)yrs. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the .yrs.....ds. of death Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA

OUL

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmul (reto report specifically the occupations of persons enlaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foremon, or At Home, and children, For many occupations a single word or term on Farm laborer, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diohiheria avoid use of "Croup"), Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. Example: Meastes (disease (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL perilonilis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronie etc. The contributory valendar heart Nomenclature not be discuse;

If this certificate is looked over thoroughly and all quistions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

BINDING

FOR

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Chronie interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| TRUBERT V. D. | | | |
| Other contributory causes of importance: | M 1 1000 | Other contributory causes of importance: | |
| Guisimes | May 1,1923 | Gastroenteritis | 1 year |
| | | | 1 |

| | ADDITI | UNAL SPA | CE FOR FUI | KIHER | STATEMENTS | RI LH121 | CIAN |
|----|--------|----------|------------|-------|------------|----------|--------|
| 2 | 0 | | | 1 | | L | its of |
| 21 | will. | Contra | tale. | Las | clasacis | M 1 | entle |
| | - 4 | | | | - Constant | 01 | 0 |
| | | | | | | | |

hould be carefully supplied ACE should be stated EXACTLY, PHYSIOF DEATH in plain terms so that it may be properly classified. Exact s very important. See instructions on back of certificate. REGORD UNFADING INK---THIS Every Item of information should be CIANS should state CAUSE OF DEAT statement of OCCUPATION is very im

MARGIN RESERVED

7. S. No. 1

M

PLACE OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 22

| 0 | 1 |
|------------|--------|
| 2FULL NAME | /wasar |

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.)

| | 2FUL | L NAME | | • | \$ **** **** *** *** *** *** | M | C |
|--------|--|--|------------|---|------------------------------|------------------|---------------|
| | PERSON | AL AND S | TATISTI | CALF | PARTICL | JLARS | |
| 3 S | EX | 4 COLOR C | OR RACE | WID | THED. OWED. | | 16 |
| | m | 19 | | (Writ | e-the word |) | 17 |
| 5 D | ATE OF BIRT | ····· | / Z | | 15 (Day) | , 1.34 (Year) | th |
| 7 A | GE | yre. | | mos | | If LESS than | Th |
| Spi (F | articular kind b) General na usiness, or es hich employed IRTHPLACE (State or cou | ture of indu tablishment ed or (employ | in yer) | | | und | I |
| ENTS | 10 NAME OF FATHER 11 BISTHPL OF FATH (State or | John | | ma | esc | 11 | (S |
| PARE | 12 MADEN OF MOTH OF MOTH (State or | NAME ACE ER | ut | Ja | bo. | And | 1E A of |
| 14 | (Informant) | fair | the BES | of M | y knowi | EDGE | if Foundation |
| 5 | Filed | 21_197 | 32 21 | 11 | AL | cks | 20 |

| 16 DATE OF DEATH / 2 21 , 192 2 |
|---|
| (Month) (Day) (Year) |
| 17 I HEREBY CERTIFY, That I attended the deceased from |
| |
| that I last saw halive on, 192, |
| and that death occured on the date stated above, at |
| The CAUSE OF DEATH Awas as follows: |
| not see it ofter |
| here |
| Death probably due to (Durgion) tal debility. Dut Rds. |
| Contributory Secondary |
| (Signed) H Bon of Cond M. D. |
| *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| At place of death yrs mos ds. State yrs de. |
| Where was disease contracted, if not at place of death? |
| Former or usual residence |
| 19 PLACE OF BURIAL OR REMOVAL AND DATE OF BURIAL |

MEDICAL CERTIFICATE OF DEATH

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Scretement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing inges, perilonacum, etc., Carcinoma, Sarcomu., etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepais, tylanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. (secondary Chronic interstitial nophritis, use of "Tumor" for malignant neoplasms); Measles carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-hamicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Whooping approved by Committee on (Recommendations on statement of cause of death taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary). resulting from childbirth or miscarriage or intercurrent) affection meet disease important. Example: Measles (disease cough; Chronic valrular etc. Nomenclature The Always qualify all heart disease; contributory as

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4

N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should vate Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 2

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 13374 |
|--|---|
| 1. PLACE OF DEATH | (II-E) |
| County 12 ent | Registration Dist. No. 200 |
| Village or City Yalena | No. St. Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Sough le Mag | Croning |
| (a) Residence: No. 4 alena | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, | 21. DATE OF DEATH |
| femal will OR DIVORCED (write the word) | (Month) (May) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of William I me he enner | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) May 1 1855 | plast saw halve on alive on 19 death is said |
| 7. AGE Years Months Days If LESS than 1 day | to the occurred on the tate stated above, at _ 4, 20 m. |
| 8 d. 1 1 H ormln. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Company SAWYER, BOOKKEEPER, etc. | 10 Dec. 14 |
| 9. Industry or business in which | Mucouary Ordana 1932! |
| SAW MILL, BANK, etc | (Ach Mool 2) hours, |
| 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 40% occupation occupation | |
| 12. BIRTHPLACE (city or town) Green and Go | Other Contributory Causes of Importance: |
| (State or country) Mayland | |
| # 13. NAME John W Walls | , . |
| 14. BIRTHPLACE (city or town) Guera and Go | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIOEN NAME THE STEE THE COUNTY OF THE C | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| O 16. BIRTHPLACE (city or town) William Own | Accident, suicide, or homicide? |
| Lo C Post of Country) | Where did injury occur? (Specify city or lown, county and State) |
| 17. INFORMANT Property (Address) | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Church Will Date Dec 17 ,1952 | Nature of injury |
| 19. UNOERTAKER Wind the Council (Address) Church the ma | 24. Was disease or Injury In any way related to occupation of deceased? 720 |
| 20. FILEO Lleg 17, 1932 Verl Registrar. | (Signed) Lairy L. Dodd Care, M. D. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemarrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstanes | May 1,1923 | Gastroenteritis | 1 year |
| | | • | |
| | | | |

| ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-----------|---------|------------|----|-----------|
|------------|-----------|---------|------------|----|-----------|

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

(Day)

(Year)

Date of onset

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

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6. 7.

OCCUPATION

17 18

19

20

| S' | TATE OF | MAR | YLAND- | CERTIFICATE OF DEATH 133 | 175 |
|---|---------------------------|-------------------------------|---------------------------------------|--|---------------|
| 1. PLACE OF DEAT | LFA _ | | | | |
| County | eut | | y/ | Registration Dist. No. 20 | 3 |
| Village or City | 1/00 | 10 | Lell 11 | NoSt., | Ward |
| Length of residence in cit | ty or town where dea | th occurred | yrsmos | death occurred in a hospital or institution, give its NAME instead of street and not also death of the death of the death of the death of the death occurred in a hospital or institution, give its NAME instead of street and not occurred in a hospital or institution, give its NAME instead of street and not occurred in a hospital or institution, give its NAME instead of street and not occurred in a hospital or institution, give its NAME instead of street and not occurred in a hospital or institution, give its NAME instead of street and not occurred in a hospital or institution, give its NAME instead of street and not occurred in a hospital or institution, give its NAME instead of street and not occurred in a hospital or institution, give its NAME instead of street and not occurred in the contract of the co | |
| 2. FULL NAME | Dyen | riet | to (| Rodney | |
| (a) Residence: No | 1/20 | Nº | Hace | · St., Ward. | |
| PERSONAL AN | D STATISTIC | AL PARTIC | | If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH | ilate |
| SEX 4. COLO | R OR RACE 5 | | RIED, WIDOWED, | 21. DATE OF DEATH Sociales. 23 | 198 2 |
| . If married, widowed, or divo | reed | win | cos | (Month) (Day) | (Year) |
| HUSBANO of (or) WIFE of | loverd | - Ma | dney. | 22. I HEREBY CERTIFY, That I attended do | eceased from |
| DATE OF BIRTH (month, day | , and year) | tarch. | 20. /107 | Hast saw her alive on Dec 23 , 1932; | death is said |
| AGE Years | Months | Oays 3 | If LESS than 1 day,hrs. | to have occurred on the date stated ebove, atm The PRINCIPAL CAUSE OF DEATH and releted causes of importance | |
| 8. Trade, profession, or pa | erticular / | <u>J.</u> | ormin. • | were as follows: | Date of onset |
| kind of work done, a SAWYER, BDDKKEE | as SPINNER. | um | rent | Cerebral Hemontine | 12/13/32 |
| 9 Industry or business in work was done, as S SAW MILL, BANK, e | which ILK MILL, Itc | | · · · · · · · · · · · · · · · · · · · | | 1-1- |
| 1D. Date deceased last wor this occupation (mon year) | ked at | 11. Total til span occu | ne (years) t in this pation | | |
| . BIRTHPLACE (city or town) | Secy! | C | | Dther Coutributory Causes of importance; | |
| (State or county) | | mil | | | |
| 13. NAME Jane | u.a.l | tow. | ney | | |
| 14. BIRTHPLACE (city or to: (State or country) | wn) Lec | Ul Co | | Name of operation Date of | |
| 15. MAIDEN NAME | - It | 10 | han l | What test confirmed diagnosis? Was there an au | |
| 16. BIRTHPLACE (city or to | wn) Les | u R | 1 | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury | |
| (State or country) | in It | ods | m | Where did injury occur? | ; CE. |
| (Address) / | Pock | Hac | | | |
| BURIAL, CREMATION, OR RI | () | Date 12/ | 4 19 32 | Manner of Injury | |
| UNDERTAKER W. H | 1 400 | d | ,, , , , , , , , , , , , , , , , | Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? | |
| FILED 12/44 , 1 | 922 B. | Zw ' | Dendi Registrar. | (Signed) 2 mget I smith | M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| | Example II | | | |
|---------------|--|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset | | |
| 1921 | Run over by street car | 1 week ago | | |
| July 5, 1927 | Peritonitis | 3 days ago | | |
| May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | | |

(If death occurred in

| THY WE | EXACT | PLACE OF DEATH |
|--|--|--|
| ORD CACTLY, R | 0 1 | Tillage or City Work Holdo. |
| COI | fical | 2 FULL NAME Fray Strue |
| NT RE | certifi | PERSONAL AND STATISTICAL PARTICULARS |
| ANEN de se | ck of | SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word) |
| BIND PERMA | E L 6 | DATE OF BIRTH |
| BI BI | | Freb 23, 1875 |
| FOR IS A | tion | (Month) (Day) (Year) |
| RVED FO KTHIS IS supplied. A | 5 G | 5-4 0 16- day hrs. |
| /ELTH | e in | OCCUPATION moa. ds. or min.? |
| K-K-K- | nt. See inst | (a) Trade, profession or particular kind of work |
| N RESERVED DING INK-THIS carefully supplie | T. T. | (b) General nature of industry business, or establishment in |
| ING aref | orta | which employed or (employer) |
| FADII be ca | important. | (State or country) Light d. |
| AA NO | ery | 10 NAME OF FATHER THE LEAST DESIGNATION |
| TH ohe | 0 0 | 11 BIRTHPLACE OF FATHER |
| WI | NOTA DE LA COLOR D | (State or country) Ingland |
| O tag | | OF MOTHER / DAR / TO GAM |
| AINL, WI | 000 | 13 BIRTHPLACE OF MOTHER |
| PLA of ir | 69 | (State or country My and |
| | 0 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE |
| E = 0 | 5 5 | (Informant) May Emany) |
| Every I | statement | (Address) 12 och Iball T |
| S. No. 1 | φ 15 | Filed 12/10 132 B. Luw Durling Registrar |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No. 203

a hospit I or institu-tion, give its NAME is-stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from that I last saw harm alive on and that death occurred on the date stated above, at . 4-The CAUSE OF DEATH * was as follows: Contributor Secondary (Addre *State the Discase Cansing 476a Violent Causes, state (1) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs......ds. State......yrs......nios......ds. Where was disease contracted, f not at place of dea.h? isual residence OF BURIAL OR REMOVAL DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer free state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Civil engineer, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, or For many occupations a single word or term on yrs). Farm luborer, Laborer-Coul mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

a telepus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) Chronic etc. The contributory affection need valvular heart Nomenclature of the not be disease,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1 | 00 | σ_{2} | | 0 |
|---|----|--------------|---|---|
| I | 13 | 1 | 6 | 8 |

| County Least | Registration Dist. No. 20. | 3 |
|--|---|---------------|
| Village or City Fook Hall | NoSt.,_St., | Ward |
| Length of residence in city or town where death occurredyrs, | mosds. How long in U.S. if of foreign birth?yrsmos. | ds |
| 2. FULL NAME arthur llre | 2 | |
| (a) Residence: No. Post Deace | St., Ward. | |
| (Usual place of abode) | If nonresident give city or town and St. | ale |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3-SEX 4. COLOR OR RACE OR DIVORCED (capite the word) | | 193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | | |
| (or) WIFE of Mariha. E. Use | 22. THEREBY CERTIFY. That I attended de | ., 19 3 2 |
| 6. DATE OF BIRTH (month, day, and year) Nov 27 1862 | I last saw alive on Nec 26 , 1932; | death is said |
| 7. AGE Years Months Oays If LESS than | | |
| 70 9 1 day,h | THE FRINCIPAL CAUSE OF DEATH and related causes of importance | Oate of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Marine Mayers, BOOKKEEPER, etc. | | |
| SAWYER, BOOKKEEPER, etc. | - D | |
| kind of work done, as SPINNER, Market SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (months and south a | Odrdes. Jense | 1930 |
| 10. Oate deceased last worked at this opcupation (month and coupation coupation coupation | A | |
| 12. BIRTHPLACE (city or town), Rock Hall | Other Contributory Causes of importance: | |
| (State or country) Tolens, 60 md | - Immarlew Delevius | 1950 |
| 14. BIRTHPLACE (city or town) Rock House | | |
| 14. BIRTHPLACE (city or town) Ruck Hall | Name of operation Date of | |
| (State of country) | What test confirmed diagnosis? Was there an auti | opsy? |
| 15. MAIDEN NAME Mary Kendel | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | |
| 16. BIRTHPLACE (city or town) West do (State or country) | Accident, suicide, or homicide? Date of Injury Where did injury occur? | , 19 |
| 17. INFORMANT Martha & Urie (Address) Rock Hall | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE | E. |
| 18. BURIAL, CREMATION, OR REMOVAL Place West 18 1932 | Manner of injury | |
| 19. UNDERTAKER WITH THE GOOD (Address) Character The Cooperation of t | 24. Was disease or injury in any way related to occupation of deceased? | 11 |
| 20. FILEO 12/28 1932 B: Hun bunden | (Signed) Traguel Vicil | M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some cntry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.-The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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| Example I | | Example-H- | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | Peritonitis OSA I E | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SPAC | E FOR | FURTHER ST | FATEMENTS | BY | PHYSICIAN |
|-----------------|-------|------------|------------------|----|-----------|
|-----------------|-------|------------|------------------|----|-----------|

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of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V. S | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
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| STATE OF | MARYLAND- | CERTIFICATE OF DEATH | 3380 |
|---|---|--|---------------|
| 1. PLACE OF DEATH | | 95-8 | |
| County /1 lach | | Registration Dist. No. | 2 |
| Village or City Corus la | tour | No. St | Ward |
| Length of residence in gity or town where deat | (If | death occurred in a hospital or institution, give its NAME instead of street and n | umber) |
| | n occurreowrsmos | ds. How long in U.S. if of foreign birth?yrsmo | sds. |
| 2. FULL NAMES ROM | yorker | | |
| (a) Residence: No. | (Usual place of abode) | St., Ward. | C |
| PERSONAL AND STATISTIC | | If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH | State |
| a 000 | SINGLE, MARRIED, WIOOWED. | 21. DATE OF DEATH | |
| m le | OR DIVORCED (write the word) | 18 6 | . 193. 2 |
| 5a. If married, widowed or divorced | /- | (Month) (Oay) | (Year) |
| HUSBAND of (or) WIFE of | V | 22. I HEFEBY CERTIFY, That I attended of | deceased from |
| 6. DATE OF BIRTH (month, day, and year) | 1° | I last saw here alive on 12 - 1 1957 | , |
| 7. AGE Years Months | Days If LESS than | to have occurred on the date stated above, at \$2 | , |
| 67 Jankon | Decree 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8 Trade, profession, or particular kind of work done, as SPINNER, & SAWYER, BOOKKEEPER, etc | 1 | Organic heart | Oate of onset |
| SAWYER, BOOKKEEPER, etc. | vou | disease | |
| Kind of work done, as SPINNER, ASWYER, BOOKKEEPER, etc | m | | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | | |
| | | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) (State or country) | and. | | |
| 13. NAME O LOSA COLO | han | | |
| = 1000 | <i>30</i> | | |
| 14. BIRCHE ACE (city or town) (State or country) | Parad | Name of operationOate of | |
| | almen | What test confirmed diagnosis? Was there an a | |
| E | 0 | 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| O 16. BIRTHPLACE (city or town) (State or country) | hland | Accident, suicide, or homicide? Oate of injury | , 19 |
| 1 1 | | Where did injury occur? (Specify city or town, county and State |) |
| 17. INFORMANT (Address) | al Tues | Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA | CE. |
| 18. BURIAL, CREMATION, OR REMOVAL | | Manner of injury | |
| Place Pormunia (| Date 12 - 8 , 1922 | Nature of injury | |
| 19 UNDERTAKER CISCULAR MI | nni | 24. Was disease of injury in any way related to occupation of deceased? | |
| (Address) | tus | If so, specify | |
| 20. FILED Dec 8-1932 Wi | 1 Sirks | (Signed) 170 Philoque | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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| Example I | = 11 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | Q3/A1- | | |
| | | The majority was been applicated to the second | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
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